

100-111111
 MULTIPLE DEPENDENT CLAIM
 FEE CALCULATION SHEET
 (FOR USE WITH FORM PTO-875)

SERIAL NO. 7547190

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
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